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SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Wellness Interventions: Evidence-Based Practices for Quality of Life Improvement in MAI-CoC



Andrew C. Philip, Ph.D.
Deputy Director,
SAMHSA-HRSA Center for Integrated Health Solutions



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Disclaimer and Disclosure

Disclaimer:

The views, opinions and content expressed in this presentation do not necessarily reflect the views, opinions or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS).

Disclosure:

The presenter, Andrew C. Phillip, Ph.D., has no financial conflicts of interest to disclose.

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Learning Objectives

At the end of this session, grantees will be able to:

- Understand and determine how to assess which wellness programs to consider for implementation
- Recognize the impact of wellness programs on client health, quality of life and retention in care
- Identify how to evaluate the impact of a wellness program

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Poll Question #1

How does your organization currently use wellness programs?

- A. We do not use wellness programming
- B. We are considering implementation of a wellness program
- C. We are working on implementing a wellness program currently
- D. We currently have one or more wellness programs in place

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What is a Wellness Program?

- SAMHSA defines wellness as not the absence of disease, illness, or stress but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.
- Wellness concerns maintaining an overall quality of life and the pursuit of optimal emotional, mental, and physical health.

Samhsa.gov/wellness

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Examples of Wellness Programs



Chronic Disease Management



Nicotine Cessation



Integrated yoga, Tai Chi



Weight Management

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Why bother with wellness – when integrating primary care, HIV, hepatitis in behavioral health care

- No component of health exists in a vacuum
 - HIV is correlated with diabetes, cardiovascular disease, depression and other
 - Deeks, SG, Lewin, SR, Havlir, DL, 2014
 - Serious mental illness (SMI) and substance use disorders are more prevalent for people with HIV than the general population – a premise for MAI-CoC FOA, with current focus - integration/collocation of primary care/HIV/hepatitis service
 - Satre, DD, et al., 2013
 - Embedding services is a strategy to improve access to the necessary complement of services for people with HIV

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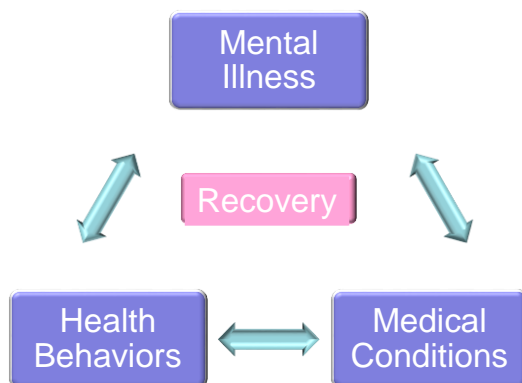
Wellness Program - Integrated Services

- Treatment for diseases commonly associated with lifestyle (cardiovascular disease; obesity) remains key
- Due to antiretroviral therapy, AIDS as a sole cause of death has been reduced significantly
- Wellness programs can approach some of these on a population-based scale while improving quality of life

Deeks, SG, Lewin, SR, Havlir, DL, 2014

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Mental Health Integration



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Poll Question #2

What types of wellness interventions are available at your organization?

- A. Nicotine/Tobacco Cessation
- B. Weight Management
- C. Stress Management
- D. Other

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Chronic Disease Management

- Long-term conditions with biopsychosocial impacts (e.g., diabetes, hyperlipidemia, HIV, pain)
- Self-management approaches
 - Stanford Chronic Disease Self-Management
 - Peer-led, focus on medication and symptom management, problem-solving, communication, improving nutrition and physical activity

<http://patienteducation.stanford.edu/programs/cdsmp.html>

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Chronic Disease Management - Strategies in Medication Adherence

- Medication adherence with cognitive behavioral therapy (CBT) can be built into program components.

Depp, CA, et al., (2008)

- CBT designed to address medication adherence and depression has demonstrated success in improving health of people living with HIV

Safren, SA, et al., (2009)

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Nicotine, Mental Health, HIV

Over twice as many people with mental health conditions use tobacco than the general population

https://www.integration.samhsa.gov/health-wellness/MMWR_Vital_Signs_Mental_illness_Dated_Feb_5_2013_eBook.pdf

Adults living with HIV are even more likely to smoke

- Increased risk for cardiovascular disease and certain cancers
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4284008/>

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Nicotine Cessation

- Several strong treatment model toolkits available
- Cessation interventions are most successful
 - When they combine medication (e.g., nicotine replacement, bupropion, etc.)
 - Counseling (motivational interviewing, establishing a quit plan, developing strategies to quit, relapse prevention)
 - Tailored to individual, with iterative efforts, shaping, as needed, and
 - Relapse prevention and recovery can also support nicotine cessation

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Weight Management

- Generally the most effective weight loss interventions are those which include counseling/behavioral interventions to decrease caloric intake and increase physical activity
- Evidence for group treatment and telephone and internet-based intervention
 - Can include medication; referral for surgery
 - Opportunity for interdisciplinary collaboration (e.g., dietitian, primary care practitioner, behavioral health care, pharmacy)

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Weight Management (cont'd)

- Obesity or being overweight is a significant health factor for 80% of individuals with SMI
 - Complicating factors include medication effects, inactivity, food as a coping mechanism, potential for providers to overlook a client's weight when significant mental health concerns are present
 - Traditional weight management programs have been successfully modified for populations with SMI

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Complimentary Wellness Strategies

- Incorporating complimentary treatment modalities into a wellness program is also an opportunity to:
 - Integrate and collaborate with other staff with expertise in these areas
 - Improve access through group offerings
 - Potentially increase client satisfaction and retention by offering a more diverse array of treatment options

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Integrated Yoga, Qigong

- Some evidence that suggests complimentary practices such as yoga and Qigong may improve mood and in some cases, were associated with increases in CD4 counts
- Research is still emerging in this area, but we do know that exercises which increase mobility/activity and those which include a training in deep/targeted breathing techniques can improve symptoms of depression/anxiety, help manage pain, and positively impact overall health

Naoroibam, R., et al., (2016)

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What other wellness programs are you familiar with?



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Considerations in wellness program selection

- **Client needs**
 - Wellness programs are most valuable when they address an unfulfilled need
 - Utilize a needs assessment with patients and staff
 - Capitalize on suboptimal clinic metrics (HEDIS, access metrics, data from EHR regarding most common diagnoses)
- **Resources**
 - Staff
 - Availability, areas of expertise (or willingness to learn)
 - Utilize groups and classes where appropriate
 - Space
 - Comfortable for clients and staff
 - Proximity to typical treatment setting

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Measure program impact

- **Clinical data**
 - PHQ-9/GAD-7, health metrics such as in PBHCI Health Indicator Data, SF-36, BHM-20, etc.
- **Client report**
 - Satisfaction surveys
 - Program retention
- **Performance metrics**
 - Consider measures in which one may expect to see change
 - Access/wait-time for appointments
 - Impact on staff productivity
 - Are staff able to maintain the new program duties in addition to their pre-existing responsibilities?
 - Do staff report satisfaction with new programming?

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Poll Question #3

What are your plans moving forward?

- A. Institute a new program/build upon current wellness program
- B. Research more about wellness programs
- C. Improve evaluation methods for existing wellness programs
- D. Something else

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Citations

- Deeks, Steven, D., Sharon R. Lewin, Diane V. Havlir, The End of AIDS: HIV Infection as a Chronic Disease, *Lancet*, 2013, Nov 2; 382(9903): 1525-1533
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- Naoroibam R, Metri KG, Bhargav H, Nagaratna R, Nagendra H R. Effect of Integrated Yoga (IY) on psychological states and CD4 counts of HIV-1 infected Patients: A Randomized controlled pilot study. *Int J Yoga* 2016;9:57-61
- Safren, S. A., O'Cleirigh, C., Tan, J., Raminani, S., Reilly, L. C., Otto, M. W., & Mayer, K. H. (2009). A Randomized Controlled Trial of Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD) in HIV-infected Individuals. *Health Psychology : Official Journal of the Division of Health Psychology, American Psychological Association*, 28(1), 1–10. <http://doi.org/10.1037/a0012715>
- Satre, Derek D., DeLorenze, Gerald N., Quesenberry, Jr., Charles P. Jr., Ailin Tsai, A., Weisner, C., Factors Associated With Treatment Initiation for Psychiatric and Substance Use Disorders Among Persons With HIV, *Psychiatric Services*, 2013, 24:8, 745-753

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Selected Resources

- Information and resources on numerous topics related to the intersection of HIV and health
 - <https://www.hiv.gov/hiv-basics>
- Evidence supporting wellness programming
 - Byrne, D. W., Rolando, L. A., Aliyu, M. H., McGown, P. W., Connor, L. R., Awalt, B. M., ... & Yarbrough, M. I. (2016). Modifiable Healthy Lifestyle Behaviors: 10-Year Health Outcomes From a Health Promotion Program. *American Journal of Preventive Medicine*, 51(6), 1027-1037.
 - Pratt, S. I., Jerome, G. J., Schneider, K. L., Craft, L. L., Buman, M. P., Stoutenberg, M., ... & Goodrich, D. E. (2016). Increasing US health plan coverage for exercise programming in community mental health settings for people with serious mental illness: a position statement from the Society of Behavior Medicine and the American College of Sports Medicine. *Translational behavioral medicine*, 6(3), 478-481.
- General screening tools, health indicator measurement, and intervention techniques:
 - <https://www.integration.samhsa.gov/clinical-practice>
- Guidelines for management of overweight and obesity in adults:
 - <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee>

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Selected Resources (cont'd)

- CIHS webinar on chronic disease self management with cases from grantees:
 - https://www.integration.samhsa.gov/CDSM_June_Webinar.pdf
- Cognitive behavioral therapy for medication adherence:
- Compendium of wellness toolkits and resources by topic:
 - <https://www.integration.samhsa.gov/health-wellness/wellness-strategies>
- Nicotine cessation webinars, assessment tools, guides, and research
 - <https://hivmentalhealth.edc.org/content/navigating-patient's-tobacco-cessation-and-hiv-treatment-0>
 - <https://hivmentalhealth.edc.org/practice-briefs/hiv-tobacco-use-healthcare-providers-role-tobacco-cessation>
- SAMHSA Program to Achieve Wellness -TA for organizations on 8 Dimension of Wellness
 - <https://www.samhsa.gov/wellness-initiative/program-achieve-wellness>
 - <https://www.samhsa.gov/wellness-initiative/webinars-newsletters>
- Complementary Therapies - Tai Chi, Yoga, Qi-Gong
 - Li, G., Yuan, H., & Zhang, W. (2014). Effects of Tai Chi on health related quality of life in patients with chronic conditions: a systematic review of randomized controlled trials. *Complementary therapies in medicine*, 22(4), 743-755.

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**Wellness Interventions:
Evidence-Based Practices for
Quality of Life Improvement in MAI-CoC**



Nicola Walker, M.A.
Project Director
Collaborate and Prevent HIV (CAP)
Adult Well Being Services
Detroit, MI

  integration.samhsa.gov

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Disclosure:

The presenter, Nicola Walker, has no financial conflicts of interest to disclose

Adult Well-Being Services

Mission – Promotes health, well-being and independence through advocacy, services and community engagement.

- 64 Years Old
- CARF Accredited
- Four Locations in Metro Detroit Area



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Services

- Mental Health
- Substance Use Disorder
- Intellectual and Developmental Disabilities (IDD)
- Primary Care
- Health Promotion
- Collaborate and Prevent HIV

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CAP- Means Collaborating and Preventing HIV

- Services
- Successes
- Challenges
- MAI-CoC integrated with PBHCI grant for full range of services

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Interface on Wellness Integrated Care Services – HIV, Hepatitis

- Support Services (peer and other support)



Interface on Wellness Integrated Services

- Primary and Behavioral Health Services



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Summary

- What does research and evidence say about integrating care vs. working in silos?



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Questions?

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Additional Questions

Andrew C. Philip, Ph.D.

Deputy Director,
SAMHSA-HRSA Center for Integrated Health Solutions,
National Council for Behavioral Health
andrewp@thenationalcouncil.org
(202) 629-5798

Nicola Walker, M.A., CPC-M

CAP Project Director
Adult Well-Being Services
nwalker@awbs.org
(313) 736-5567



Additional Comments?

Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org or MAI-COC-TA@mayatech.com

integration.samhsa.gov

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